## Case 17-16157-amc Doc 45 Filed 03/23/18 Entered 03/23/18 11:41:18 Desc Main Document Page 1 of 2

			:			
Fill	in this information to identify yo	our case:			•	
Det	otor 1 Nicole Arnol	ld		Chec	k if this is:	*
					An amended filing	
	otor 2 ouse, if filing)			. 🗖	A supplement show 13 expenses as of	ving postpetition chapter the following date:
Uni	ted States Bankruptcy Court for the	EASTERN DISTRICT OF PENN	ISYLVANIA		MM / DD / YYYY	<u> </u>
Cas	se number 17-16157					
(If k	(nown)		·	4		
L						
	fficial Form 106J	·		•		
S	<u>chedule J: Your l</u>	Expenses	•		•	12
11111	mber (if known). Answer ever		are filing together, bot s form. On the top of a	th are equa any additio	ally responsible fo nal pages, write y	r supplying correct our name and case
1.	Is this a joint case?	Tiolu	·	<del></del>		
	■ No. Go to line 2.					•
	☐ Yes. Does Debtor 2 live i	n a separate household?	•			
	☐ No ☐ Yes. Debtor 2 mus	st file Official Form 106J-2, <i>Expens</i> e	es for Senarate Househ	old of Dobt	or ?	
2.	Do you have dependents?	□ No	o for Coparate Flouserr	ora or Dept	OI 2.	
	Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 2		Dependent's age	Does dependent live with you?
	Do not state the		_		www.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a	□No
	dependents names.		Daughter	<u> </u>	9	Yes
						□ No □ Yes
						□ No
						☐ Yes
						□ No
3.	Do your expenses include	■ No	·	<del></del> -		☐ Yes
	expenses of people other the yourself and your depender	<sup>ian</sup> □ vos				
	<u> </u>					
app	mate your expenses as of yo enses as of a date after the b licable date.	ng Monthly Expenses our bankruptcy filing date unless nankruptcy is filed. If this is a sup- non-cash government assistance	plemental Schedule J	m as a sup , check the	pplement in a Chap box at the top of	oter 13 case to report the form and fill in the
the	value of such assistance and icial Form 106I.)	I have included it on Schedule I:	Your Income		Your expe	nses
4.	The rental or home ownersh payments and any rent for the	nip expenses for your residence. ground or lot.	Include first mortgage	4. \$		608.00
	If not included in line 4:	:				
	4a. Real estate taxes	•	•	4a. \$	-	0.00
	4b. Property, homeowner's,			4b. \$		0.00
		pair, and upkeep expenses		4c. \$		100.00
5.		on or condominium dues nts for your residence, such as ho	ome equity loops	4d. \$		0.00
		Joan regidence, anchi de 110	one equity soans	5. \$		0.00

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Dek	otor 1	Nicole Arnold	Case nu	mber (if known)	17-16157		
6.	Utiliti	ies:					
٠	6a.	Electricity, heat, natural gas	6a	\$	0.00		
	6b.	Water, sewer, garbage collection	6b		0.00 65.00		
	6c.	Telephone, cell phone, Internet, satellite, and cable services	- 6c				
	6d.	Other. Specify:	6d		0.00		
7.	Food	and housekeeping supplies		•	0.00		
8		care and children's education costs	8	<u> </u>	525.00		
9.	Cloth	ing, laundry, and dry cleaning	9	·	<u>0.00</u> 150.00		
10.		onal care products and services	10				
11.	Medic	cal and dental expenses	.11	-	70.00		
12.	Trans	sportation. Include gas, maintenance, bus or train fare. of include car payments.		. \$	25.00 75.00		
13.		tainment, clubs, recreation, newspapers, magazines, and books		·			
14.	Chari	table contributions and religious donations	13.		25.00		
		ance.	14.	. \$	0.00		
		of include insurance deducted from your pay or included in lines 4 or 20.					
	15a.	Life insurance	15a.	\$	0.00		
	15b.	Health insurance	15b.		0.00		
	15c.	Vehicle insurance	15c.	•	0.00		
	15d.	Other insurance. Specify:	15d.	<del></del>	0.00		
16.		Do not include taxes deducted from your pay or included in lines 4 or 20.	150.	Ф	0.00		
	Speci	ty:	16.	\$	0.00		
17.	Instal	lment or lease payments:	—	<u> </u>	0.00		
		Car payments for Vehicle 1	17a.	\$	0.00		
		Car payments for Vehicle 2	17b.		0.00		
		Other Specify:	17c.	\$	0.00		
		Other. Specify:	.17d.		0.00		
18.	Your	payments of alimony, maintenance, and support that you did not report as sted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	— 18.	\$	<u> </u>		
19.	Other	payments you make to support others who do not live with you.	10.	· •	0.00		
	Specif		19.	Ψ	0.00		
20.	Other	real property expenses not included in lines 4 or 5 of this form or on Sched	iii.	our Income	,		
	∠∪a.	Wortgages on other property	20a.		0.00		
	20b.	Real estate taxes	20b.		0.00		
	20c.	Property, homeowner's, or renter's insurance	20c.	·	0.00		
	20d.	Maintenance, repair, and upkeep expenses	20d.	·	0.00		
	20e.	Homeowner's association or condominium dues	20e.	'	0.00		
21.		: Specify:		+\$	······································		
22.	Calcu	late your monthly expenses			0.00		
		dd lines 4 through 21.		\$	1,643.00		
	22b. C	opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	1,040.00		
	22c. A	dd line 22a and 22b. The result is your monthly expenses.		\$	1,643.00		
23.	Calcul	ate your monthly net income.					
	23a. 🔻	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	2,467.83		
	23b. 4	Copy your monthly expenses from line 22c above.	23b.	•	1,643.00		
		the second control of			1,043.00		
	23c.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	824.83		
24.	Βα ναι	Lexinect an increase or decrease in your avenue					
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease modification to the terms of your mortgage?							
	No.						
	☐ Yes	Explain here:					